

A5**Radiation Therapy Oncology Group
Phase III Esophagus
Demographic Data Form - Version 2.1**

RTOG Study No.0436

Case #

PLACE LABEL HERE

Institution Name

Institution No.

Patient Initials

RTOG Patient ID

Date Completed ____ - ____ - ____ mm-dd-yyyy

AMENDED DATA ☐ YES**INSTRUCTIONS:** Submit this form at patient's entry on study. Complete the information by filling in boxes or blanks as requested. See separate page for instructions.**1. Who completed this form?** (Check one box)

- ☐ 1 Self
☐ 2 Staff
☐ 3 Other person
☐ 4 Not applicable, no items completed

2A. Patient Race Category (Check all that apply)

- ☐ 01 Not Reported
☐ 02 American Indian or Alaska Native
☐ 03 Native Hawaiian or other Pacific Islander
☐ 04 Unknown
☐ 05 Asian
☐ 06 White
☐ 07 Black or African American

2B. Patient Ethnic Group Category (Check one box)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Not Reported
☐ Unknown

3. Highest school grade completed (Check one box)

- ☐ 1 8th or less
☐ 2 9 - 11th Grade
☐ 3 High school graduate / GED
☐ 4 Vocational / technical school
☐ 5 Associate degree / some college
☐ 6 Bachelor's degree
☐ 7 Advanced degree
☐ 8 Other, specify _____
☐ 9 I prefer not to answer

4. Religion during childhood (Check one box)

- ☐ 1 Protestant ☐ 5 Muslim / Islam
☐ 2 Catholic ☐ 6 None
☐ 3 Jewish ☐ 7 Other, specify _____
☐ 4 Mormon/Latter Day Saints ☐ 9 I prefer not to answer

5. Marital status (Check one box)

- ☐ 1 Married ☐ 4 Divorced/Separated
☐ 2 Widowed ☐ 5 Living as married
☐ 3 Single ☐ 9 I prefer not to answer

6. Where were you born? (Check one box)**Check the box of the country where you were born.**

- ☐ 1 USA, specify the 2 letter State code, eg NY ☐
☐ 2 Other country, specify _____

7. Where did you live the longest (Check one box)

- ☐ 1 USA, specify the 2 letter State code, eg NY ☐
☐ 2 Other country, specify _____

8. Cigarette History?**A. Smoked at least 100 cigarette (5 packs) during lifetime**

- ☐ 1 No (Skip to #9)
☐ 2 Yes, but quit (Answer B, C, D, E)
☐ 3 Yes, currently smoke (Answer B, C, D, E)

B. ☐ Age began smoking cigarettesC. ☐ Number of years smoked cigarettesD. ☐ Average number of cigarettes smoked per dayE. ☐ If quit, age stopped smoking completely**9. If you have had any of the illnesses listed below, please check yes for those that apply.**

✓ = Yes (2)

- ☐ Heart problems
☐ Lung problems
☐ High blood pressure
☐ Bleeding problems
☐ Circulation problems
☐ Liver problems
☐ Diabetes or sugar in urine
☐ Kidney/urine problems
☐ Stroke
☐ Thyroid problems
☐ Seizure
☐ HIV/AIDS
☐ Frequent infections
☐ Psychological problems
☐ Other

Specify other _____